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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
With Initial
Filing

OR

☒Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

APL-03-04-US

First Named Inventor

Robert Brunham

COMPLETE IF KNOWN

Application Number

10/580,141

Filing Date

November 22, 2004

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMMUNIZATION AGAINST CHLAMYDIA INFECTION

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

11/22/2004

as United States Application Number or PCT International

Application Number

10/580,141

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

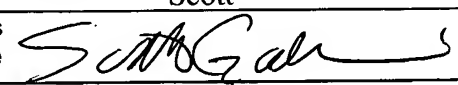
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

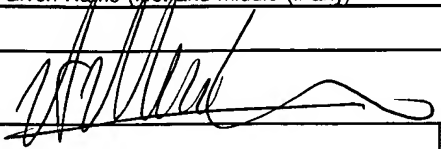
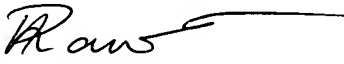
DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Reza Yacoob, Sanofi Pasteur Limited			
Address 1755 Steeles Avenue West			
City Toronto		State Ontario	ZIP M2R 3T4
Country CA	Telephone 416-667-2869	Fax 416-667-2459	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Brunham	
Inventor's Signature			Date
Residence: City Vancouver	State British Columbia	Country CA	Citizenship CA
Mailing Address 655 W 12th Avenue			
City Vancouver	State British Columbia	ZIP V5Z 4R4	Country CA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Scott		Family Name or Surname Gallichan	
Inventor's Signature 			Date March 9 '07
Residence: City Campbellville	State Ontario	Country CA	Citizenship CA
Mailing Address 1189 Britannia Road			
City Campbellville	State Ontario	ZIP L0P 1B0	Country CA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew		Murdin	
Inventor's Signature 		Date <i>March 9th 2007</i>	
Residence: City Richmond Hill	State Ontario	Country CA	Citizenship CA
Mailing Address 11 Forest Hill Drive			
Mailing Address			
City Richmond Hill	State Ontario	Zip L4B 3C2	Country CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ausra		Raudonikiene	
Inventor's Signature 		Date <i>March 9, 2007</i>	
Residence: City Toronto	State Ontario	Country CA	Citizenship CA
Mailing Address 7 Swiss Court			
Mailing Address			
City Toronto	State Ontario	Zip M2M 4E2	Country CA
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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Country CA	Telephone 416-667-2869	Fax 416-667-2459	
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Inventor's Signature <i>Robert C Brunham</i>			Date 23 Mar. 2007
Residence: City Vancouver	State British Columbia	Country CA	Citizenship CA
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Given Name (first and middle (if any))		Family Name or Surname	
Ausra		Raudonikiene	
Inventor's Signature		Date	
Residence: City Toronto	State Ontario	Country CA	Citizenship CA
Mailing Address 7 Swiss Court			
Mailing Address			
City Toronto	State Ontario	Zip M2M 4E2	Country CA
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